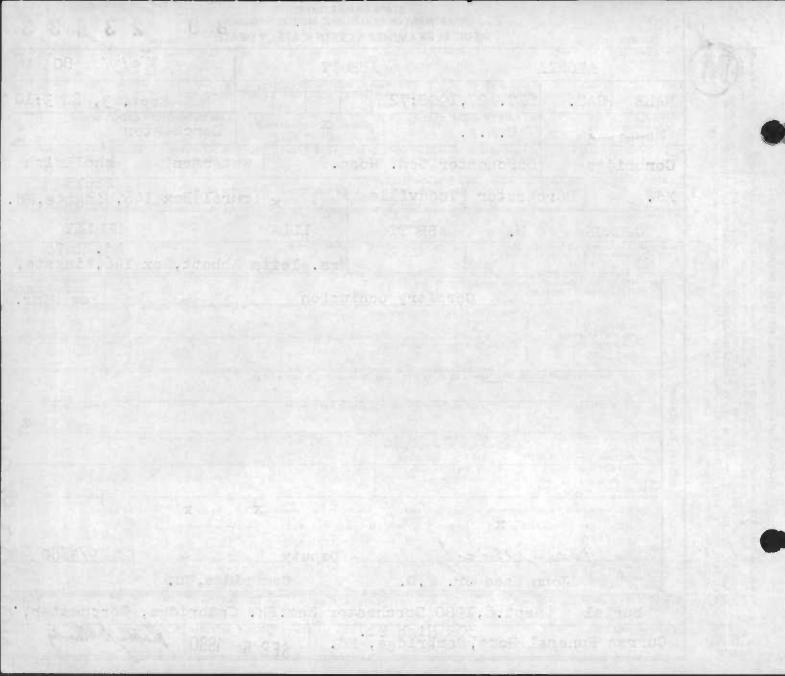
**DHMH-17** 

(VR A15 ME (5)) T5M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENEO FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR 20. DATE KNOWN CX MONI OF ESTI- X (TYPE OR PRINT) ABBOTT ALONZA 2d HOUR Sept. 9 BALTIMORE CITY OR COUNTY OF DEATH Dorchester 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 21675 (rural) Box 146, Wingate, Md. HURLEY Mrs. Aleita Abbott, Box 146, Wingate, BETWEEN ONSE AND DEATH Few Mins. 28 AUTOPSY? NOT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and in my apinian SIGNED 9/3/80 Cambridge, Dorchester. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIC SATURE 24 FUNERAL DIRECTOR Gurran Funeral Homes, Cambridge, Md. 1980



9-19-80

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

REG. NO YEAR

20 DATE OF DEATH MONTH 26 HOUR

AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR

YRS BALTIMORE CITY OR COUNTY OF DEATH

12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

HOMAS

2 months

PART 2. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

LAST

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)

19 50 , and that i (my) (our) opinion death accurred on the date and hour and from the causes stated

22c DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Cambridge, Maryland 21613

24 FUNERAL DIRECTOR

FOR - STATE

REGISTRAR

FIRST

I. DECEASED NAME

Funeral Home Jurran

ADDRESSOR High St. Cambridge. Md.

SEP 30 1980 PAR 250 COMPANY

COUNTY

STATE

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DIVISION OF VITAL RECORDS, 301 W.	EDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLDS AFTER DEATH AND DELAY IS SECUSED.	JTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM 18 GIVE FACED 1.2, AND 3 TO THE FULLERAL DE	4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCAD WITH FORM PART RETAIN PAGES FOR VIEW	INERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL FRANSIT FERMIT PAGES I AND 2 SHOULD SETTLED WITHIN TO	DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYDERE DIVISION OF WITH HE CHOICE BOY WHEN THE	MORE MARYLAND 21201 PRIOR TO BURIAL CREMATION CREMENCHA

11	1 - :	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENS 0 2 3  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	4 3 5
ON STREET	3. SEX	eased Name or PRINT) Nels ale White	Briting Ram Sr 20. DATE KNOWN MONTH OF ESTI-DEATH MATED 9  5. DATE OF BIRTH FEB. 15, 1900 80 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 9	1 1980 1 1 1980 1 1 1980 1 1 1980 A
186	M	ethplace (State or argument of aryland	76 CITIZEN OF WHAT COUNTRY?  U.S.  B. MARRIED ₩ NEVER MARRIED □  DIVORCED □  DOTCHESTER	ME
100000	C	Y OR TOWN OF DEATH ambridge	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIO S. H. DOTChester Genl. Hospital Ret. Road repair	OR INDUSTRY
Second Second	13e S1	Md. Do	Golden Hill   13d INSIDE (ITY LIMITS?   13d. STREET ADDRESS   13d. STREET ADDRESS   13d. STREET ADDRESS   Rural	
FAGES 1.2 FORM PM ES 1 AND 2 ON OFACTA	160 W	THER'S NAME FIRST  GEOTGE  VAS DECEASED EVER IN U.S. ARA S, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES?  16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  WAR OR DATES)	iggins
ING" IN PENCIL IN TEN BI DICAL EXAMINE ALCONO W DICAL EXAMINE A BURIAL PRANSIT PENCIL H AND MENTAL INCERE DE NION, CR. RÉMONA	Z	Conditions, if ony, which gave rise to immediate cause (a) stoting the underlying cause last.	1215-38-0092 Mrs. Anita Brittingham, Chu y one couse per line for (o), (b), and (c).)  BY: E CAUSE (a) Coronary occlusion  DUE TO, OR AS A CONSEQUENCE OF  (b) DUE TO, OR AS A CONSEQUENCE OF  (c)  CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FOW MINS.
ORD "PEND CHIEF ME IE USED AS T OF HEALT TIAL, CREMA	MEDICAL CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?  YES NO.
G THE WO TO THE SHOULD BE ARTMENT OR TO BURI	ICAL CER	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART P.M. 19 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION)	2]
WRITING WARDED T PAGE 3 SH TATE DEPA 1201 PRIOR	MEC	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	TY STATE
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 1 TO FUNERAL WITH THE S BALTIMORE, MARYLAND, 21		death resulted from: Natur  ACTUAL SIGNATURE	e of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my opin ol causes X, Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY)  M.D. Deputy MEDICAL EXAMINER SIGNED MACO Jr. M.D. ADDRESS Cambridge, Md.	
PAGE TO PAGE AFTE	(5	RIAL, CREMATION, REMOVAL 2 PECETY Burial INERAL DIRECTOR	Dept. 4, 1980 Old Trinity Churchyard, Church Cree    236, NAME OF CEMETERY OR CREMATORY   236, LOCATION   COUNTY	k.Dor.Md.
DHMH - 17 VR A15 ME (5)) 30M 7/73	24 10	Thomas Funer	al Home, Cambridge, Md. SEP 9 1980	revery

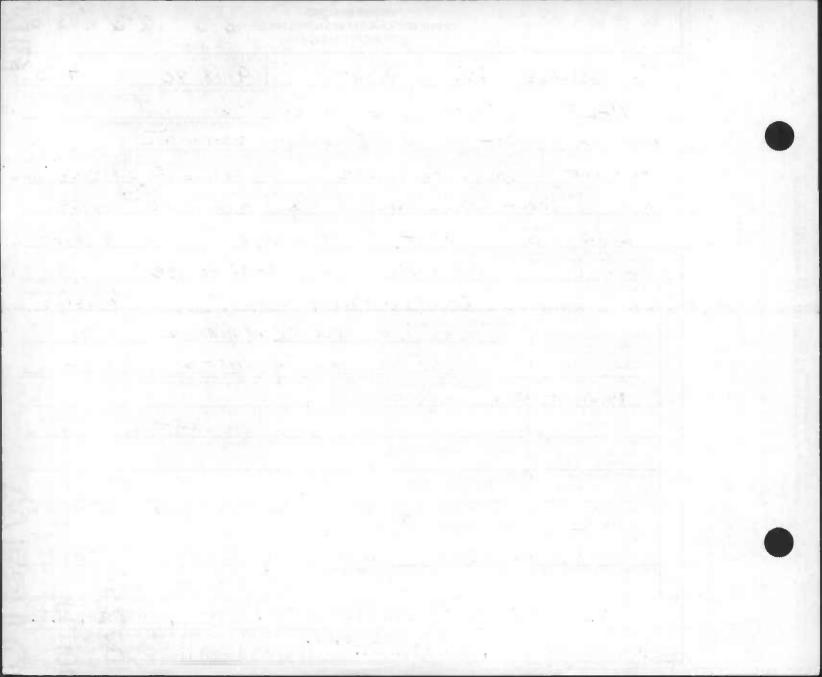
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in 24 hou

BIRTHPLACE (STATE ORFOREIGN TO COUNTRY)  NEW YORK	CCCCC S DATE OF WHAT COUNTRY?	OURT EOFBIRTH NTH OAY YEAR	9-18-80 6. AGE [IN YEARS LAST BIRTHDAY]	DAY YEAR 26 HOUR 4:50
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  WEW YORK  CITY OR TOWN OF DEATH	CCUC MO	NTH DAY YEAR		
CITY OR TOWN OF DEATH	MAR		76 YRS	MONTHS DAYS HOURS MIN
		RIED DEVER MARRIED DIVORCED DI	DORCHESTETZ	OF DEATH
CHAINEW DC &	1. NAME OF HOSPITAL, NURSING HOM IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TOOK CHESTER. GE	E OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIF  MS 77 PG	126 KIND OF BUSINESS OF INDUSTRY PUD. W
S STATE 136 COUNT		134 INSIDE CITY LIMITS?	130 STREET ADDRESS STAR ROOME	Box 129
/		FIRST	MIDDLE	O'BRYAND
	AR OR DATES		ADDRESS SAME AS 136	
PART I. DEATH WAS CAUSED	BY: OADDIA DI	monthly A	rpest	MINGUES
Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	r eer cu	of BLADER	14,
underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	ADENO CA	RCINOMA OF		EN IN PART 110
ANEMIA			IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
OR CONTRIBUTION CAUSE OF DEATH		AR		
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
228 I certify that (I) (this haspital saw the deceased alive on	9/17 10 80	and that in (m) (our) opinion	death occurred on the date and hou	r and from the causes stated
27% SIGNATURE	Trento		MEDICAL STAFF DOTRECTOR   PHYSICIAN	9/18/80
22d PHYSICIAN'S NAME (TYPE ORF	FIERY	503		Am B
BURIAL CREMATION REMOVAL (SPECIFY DURIAL	9/22/1980 North	Babylon Cer		
MEDICAL CERTIFICATION	FATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. ARM IYES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED  IMMEDIATE  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTEY MEDICAL EXAMINER)  21d IN JURY OCCURRED  WHITE NOT WHITE AT WORK  22a I certify that (1) (this hospito sow the deceased drive on obove (1) Not white 27b SIGNATURE  27d PHYSICIAN'S NAME (TYPE ORP  17d PHYSICIAN'S NAME (TYPE ORP  18 BURIAL, CREMATION, REMOVAL  SPECIFY DUPI 21  FUNERAL DIRECTOR	FATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. ARMED FORCES?  INDICATION  WAS DECEASED EVER IN U.S. ARMED FORCES?  IVES, NO OR UNKNOWN)  IF YES, GIVE WAR OR DATES!  INDICATION  INDICATOR  INDICA	FATHER'S NAME  FATHER'S NAME  FIRST  MODIE  JAST  BURT  FLORG  LAST  FULL OF COMMINION OF CONTRIBUTION  TO RUNKING WAS DECEASED EVER IN U.S. ARMED FORCES?  IVES, NO OR UNKNOWN)  IF YES, GIVE WAR OR DATES!  IVES, NO OR UNKNOWN)  IF YES, GIVE WAR OR DATES!  IVES, NO OR UNKNOWN)  IF YES, GIVE WAR OR DATES!  INMEDIATE CAUSE OF:  CARDIO DUM MONTHLY  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0).  CARDIO DUM MONTHLY  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  PART 3. OTHER SUNDERLYING  IP CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 4. ACCIDENT WAS UNDERLYING  IP OR CONIRIBUTING CAUSE OF DEATH  IF ETHER, NOTEY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHITE NOTEY MEDICAL EXAMINER  P.M.  19  21d. INJURY OCCURRED  WHITE NOTEY MEDICAL EXAMINER  P.M.  19  21d. INJURY OCCURRED  WHITE OF OPERATION  19  21d. INJURY OCCURRED  WHITE NOTEY MEDICAL EXAMINER  11  21d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  P.M.  19  21d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  11  21d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  11  21d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  121d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  P.M.  19  21d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  P.M.  19  21d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  P.M.  19  21d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  P.M.  19  21d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  P.M.  19  21d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  P.M.  19  21d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  P.M.  19  21d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  P.M.  19  21d. INJURY OCCURRED  WHITE NOTEY WEDICAL EXAMINER  P.M.  19  21d.	MODIE FATHER'S NAME FATHER'S NAME  WADDLE  JOHN  WAS DECEASED EVER IN U.S. ARMED FORCES? INS. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES INS. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES INS. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES INS. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES INS. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES INS. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES INS. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES INS. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES INS. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES INS. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES INS. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES IN U.S. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES IN U.S. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES IN U.S. MODIE  WAS DECEASED EVER IN U.S. ARMED FORCES IN U.S. MODIE  WAS DECEASED IN U.S. ARMED FORCES IN U.S. MODIE  WAS DECEASED IN U.S. ARMED

STATE OF MARYLAND

-7



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	2
TO HOSPITAL SECTION OF PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etoned by the haspital or attending physician.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanapers. Pages I and 2 should be filed within 72 hours after, death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Y

FOR STATE REGISTRAR

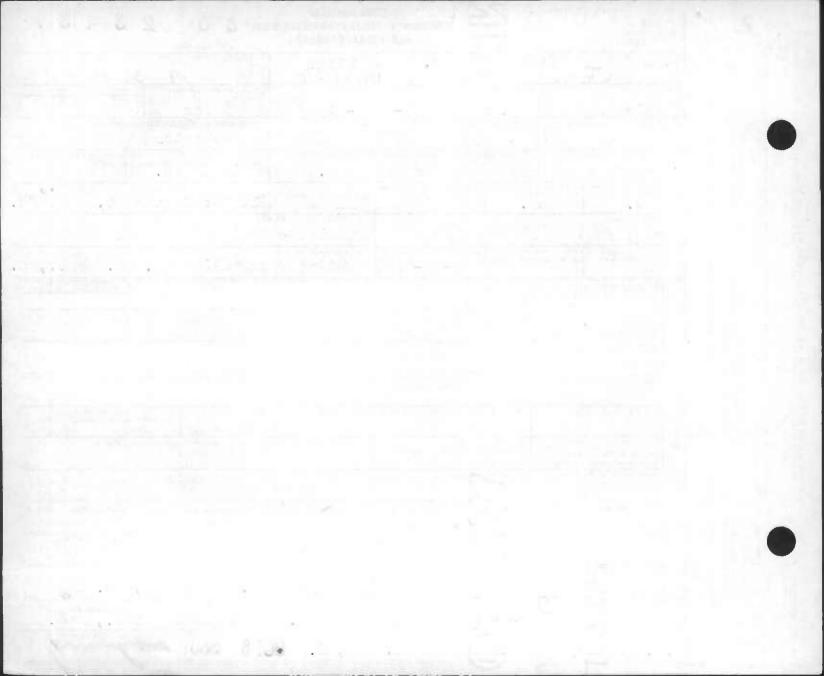
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

4 3 3 REG. NO

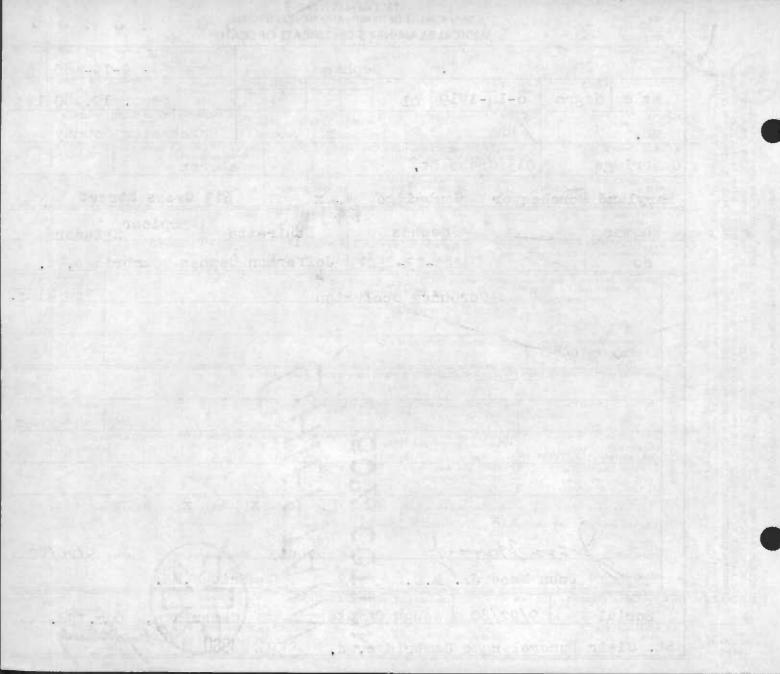
1	1 DECEAS	ED NAME	FIRST JAN	TES '	AIDOLE T	Į.	BUTLER	1	DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	2
١	TYPE OR PR	J.	2 om	-	T	î	Buther			9	30	80	90	. M
	3 SEX		4	RACE		5 DATE C			AGE (IN YEARS LAST BIR	THDAY)	IF UNDER		IF UNDER 2	
	Ma	le		Negi	ro	8-	22-1885	AR	95	YRS	MON1H5	OAYS	HOURS	MIN
1	7e. BIRTHP	LACE (STATE OR FO	DREIGN 76		WHAT COUNTRY	(? 8	D A NEVER MARRIE	, ,	BALTIMORE CITY		Y OF DE	ATH		
1		yland		Ţ	JSA	WIDOWE	_		Dorches	ter				MD.
1		R TOWN OF DEA			HEACILITY GIVE STOR		ROTHER INSTITUTION	N 1	20 USUAL OCCUPAT TYPE OF WORK FOR MOST OF allroad	ON DE WORKING	LIFE) 126	KIND OF	F BUSINES	SOR
	USUAL RE	SIDENCE (IF NURS	135 COUNTY		GIVE RESIDENCE BEFO	WN	134 INSIDE CITY LIM	ITS?	STREET ADDRESS.	ngto	n s	t.	amb.	Md.
1000	Cha	r Les	MIDI	DLE J	Butler		15 MOTHER'S MAIDE Charlot		WIDDLE		Gr	os'e		
	(YES, NO	DECEASED EVER	IN U.S. ARME		705-10	O-9116	17 INFORMANT Pauline	You	ang 610 W		st	. C	amb.	,1d,
	Ca ga coo	nditions, if any, ve rise to immuse 101, statinderlying cause	Which mediate	DUE TO, OI	R AS A CONSEQ	hence of						APPROXUELTWEEN O	MAYE INTERV	AL DEATH
	NO	DATE OF OPERA					NOT RELATED TO THE	E TERMIN	200 AUTOPSY?	20b. IF YI	ES, WERE	FINDIN	IGS USED OF DEATH	4?
2	00.4	ACCIDENT WAS UNE	CAUSE DE DE ATH	21b. TIME O HOUR A	M. MONTH	DAY YEAR	21c HOW INJURY O	CCURRE	YES NO LA		YES	PART 2)	NO [	
	WH AT W		THE TO	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	wn	cour	NTY	STA	TE
		saw the degeose obave, (1) (we) (c	ed olive an		9/28/19	80 : or	nd that in (my) (our) of	SO pinian de	oth occurred on the d	7/30 ate and ho				
		Uhn	me	Wo?	22)		ATTEND PHYSIC		MEDICAL STA			9/3	018	0.
		inodra					4.00 Auro	ra	St. Cambr	ridge	э, И	d.2	1613	}
	23e BURIA (SPECIF	L CREMATION,		236 DATE	_		emetery or cremates burg Cem		Petersbu	ırg	COUNTY		Md	
	24 FUNER L.H.	AL DIRECTOR							REC'D. BY REGISTRAR 1980					

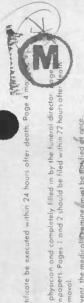
DHMH-16 20M (VRA 15, 4) 7/78

IMPORTANT If hem 21 is morked or hem 18 shows any



12	= ST		1.3					ERTIFICAT		YL U	2. EG. NO.	3 -	, 3	8
2		ASED NAME R PRINT)	Colum	bus	MIDDLE T.		Cepl	last		2a DATE KNO OF EST DEATH MAT		9-19.	YEAR -1980	26 HOU
3.	SEX N	lale	Negro	5. DATE OF BIRTH		AGE (IN YE. LAST BIRTHD.	AY) MONT		NDER 24 HRS.	2c. DATE PRONOUNCED DEAD	Sept	· 19		12N
5	FOREI	HPLACE (ST SM COUNTRY)		USA			WIDOW		ORCED	9 BALTIMORE Dorch	neste	r Cor	unty	M
0	am	or town of	ge	11. NAME OF HOS	OSS S	EET ADDRESS)		ER INSTITUTION	FOR	UAL OCCUPATION MOST OF WORKING LE ABOPET	N (TYPE OF W	VORK 12b K	IND OF BUS OR INDUSTRY	SINESS Y
5 3	Ma:	rylan	136 COUN	ROTHER INSTITUTION, GI ITY 10ster	13c CITY C		ON)	13d. INSIDE CITY LIMI YES 🗶 NO	175?   13e STR	613 Cr	oss S	stree	t	
74	7	homas		MIDDLE	Ce	ohas AL SECURIT	V.110	15 MOTHER'S MERST Hen 17. INFORMANT	irett	A MIDDLE	Spice	. Zby	LAST NEST X	
1 16	(YES	NO OR UNKNO		MED FORCES? WAR OR DATES)  ly one cause per line	220-	03-2			rson (	Cephas			ge, Md	
N, OR REMOVAL.		Condition gove ris cause (o) lying cou	is, if any, which e to immediate stating the <u>under-</u> se lost.	TE CAUSE (D) CC DUE TO, OR (b) DUE TO, OR (c) (c)	AS A CONS	EOUENCE	OF OF						Few M	ins
CREMATIO			OPERATION	CONTRIBUTING TO DEATH				AS PERFORMED?				120	AUTOPSY?	
2	TIFIC					THICH OFER	47	De P						NO D
	N C	NDERLYING ONTRIBUTIN	G CAUSE OF	DEATH P.M	A. MONTH	19	2	OW INJURY OCCI	URRED (ENTER	NATURE OE INJURY IN	ITEM 18 PART 1	OR PART 2)		
		VHILE	NOT WHILE C		OF INJURY TORY, EARM, ETC			CATION		CITY OR TOWN		COUNTY		STATE
5	A.S	CTUAL IGNATURE	Natural Natura	ral causes X,	Accident	, Su	AutapicideM	sy . Insp.  Hamicide  TITLE (SPECIF.  D. Depu.	Y)  TY MED	Inquiry Endermined manner		My apinian  ATE  IGNED	9/20/	80
AFTER DEATH, BALTIMORE, MA	0	YPE OR PRIN	TON, REMOVAL	n Mace J		D.		ADDRESSR CREMATORY		ridge, M	id.			
	(SPE	Burie Beral Direc	1	9/22/80		augh		tery		CATION OR TOWN Ambrid REGISTRAR	CF COLUMN	Don	100 Miles	18
		AME		eral Hom	e Can	brid	ge.N			1980	tioplay	MOD	worly	





# FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

3

	REGISTRAR					ICATE OF DEATH	- 1	REG. NO			
	CEASED NAME E OR PRINT) Will	iam	Howa	rd Da		Sr.	20 DATE OF DE				26 HOUR 2:001
3. SEX	x male	4	RACE Whi	te	5 DATE C		6. AGE (IN YEARS			UNDER LYEAR	IF UNDER 24 H
	IRTHPLACE (STATE OR FO	DREIGN 7b.	CITIZEN OF	what COUNTRY?	8	NEVER MARRIED	9 BALTIMORE		OYTHU		
	ITY OR TOWN OF DEAT		HAME OF H	HOSPITAL, NURSIN HEACILITY, GIVE STREET A O Light	St.	OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOI plum)		RKING LIFE)		F BUSINESS
13a S	AL RESIDENCE (IF NURSIN STATE Md .	Dor.		GIVE RESIDENCE BEFORE 131. CITY OR TOWN Cambri	N.	134 INSIDE CITY LIMITS?	13e STREET ADD	PRESS 400	Ligh	nt St	•
14 FA	George	W.	DIE	Dail		IS MOTHER'S MAIDEN NA		IDDLE		Abba	btt
	WAS DECEASED EVER IT	N U.S. ARME (IF YES, GIVE W		214-07-		Mrs. Mild	red Da:			light lidge	
1	gove rise to imme		10)		rica						
NO	cause (0), stating underlying cause	ediote the solost	(c)	RASACONSEOUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE O	r conditio	)N GIVEN	IN PART 110	
TIFICATION	cause (0), stating underlying cause	ediote the lost IFICANT CON	(c) NDITIONS <u>CO</u>	R AS ACONSEQUE	DEATH BUT		200 AUTOPS	Y? 20b	IF YES, V	VERE FINDIN	GS USED OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNI  19a DATE OF OPERATI  21a ACCIDENT WAS UNDE OR CONTRIBUTING CA (1F EITHER NOTIFY MEDICA  21d IN JURY OCCURRE	ediote ) the lost lost  IFICANT CON  ON  RELYING  AUSEOF DEATH AL EXAMINER)  ED	19b. CONDI  21b. TIME O HOUR A.I  21e. PLACE (	R AS A CONSEQUE  CLE L  DITRIBUTING TO D  TION FOR WHICH  FINJURY  M. MONTH DA  M.	OPERATION  YEAR  19	NOT RELATED TO THE TERM	200 AUTOPS' YES NO	Y?   20b	IF YES, V CERTIFYIN YES [	VERE FINDIN NG CAUSES	IGS USED OF DEATH? NO
	PART 2 OTHER SIGNI  19a DATE OF OPERATI  21a ACCIDENT WAS UNDE OR CONTRIBUTING ACCIDENT WAS UNDE OR CONTRIBUTING ACCIDENT WAS UNDE OR CONTRIBUTING ACCIDENT WAS UNDED OR CONTRIBUTION WAS UNDED OR CONTRIBUTION WAS UNDED OR CONTRIBUTING ACCIDENT WAS UNDED OR CONTR	ediote ) the lost lost lost IFICANT CON  ERLYING  AUSE OF DEATH AL EXAMINER)  ED  this bospital) d olive on	19b. CONDI  21b. TIME O HOUR A./ 21e PLACE ( (AT HOME STR	R AS A CONSEQUE  PARTITION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY FEET FACTORY-OFFICE-FA	DEATH BUT  OPERATION  Y YEAR  19  ARM. ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURS  21l. LOCATION	200 AUTOPS' YES NOTER NATURE CI, to4 deoth occurred on	Y? 20b IN OF INJURY IN IT OR TOWN	IF YES, V CERTIFYIN YES [ IEM 18 PART	WERE FINDING CAUSES	STATI

BP.

TO HOSPITAL OR ATTENU

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physiciar should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept of Health and Mental Hygiene prior to burial, cremotian, or removal.

Thomas Funeral Home DHMH-16 30M 2/80 (VRA 15, 4)

Cambridge Md.

25 DATE REC'D. BY REGISTRAR 256 LAS AR'S ARES

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Section Control	TO LATE . ETC.			

within 24

death o

TO HOSPITAL OR ATTENDING PHYSICIAN. retained by the hospital or attending physician.

DRAdshaw > 20115

	1 -	STATE REGISTRAR	DRP		ICATE OF DEATH	REG NO	line 9	O ~!	9 0
)	I DEC	CEASED NAME PRIST	JA MES	EL	LIOTT	20 DATE OF DEATH	9 10	YEAR 80	1 455 AM
nce.i.	3 SE)		* RACE White	5 DATE C		AGE IN YEARS LAST BIRT	MDAY] IF U	NDER I VEAR	IF UNDER 24 HRS HOURS MIN
Tiped at	7a BII	RTHPLACE (STATE OR FOREIGN DUNTRY)	TO CITIZEN OF WHAT COUN	MARRIEI WIDOWE	NEVER MARRIED D	BALTIMORE CITY O	- 101 A 400		MD
Silver Silver	4	AMBRIDGE	11. NAME OF HOSPITAL, N HENOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	prother Institution spital Center)	12d USUAL OCCUPATE ITYPE OF WORK FOR MOST OF Waterman	F WORKING LIFE	Seaf	F BUSINESS OR
mine	130 S	AL RESIDENCE (# NURSING HOME ON TATE 135. COUN aryland Some	other institution, give residence NTY 13c. CITY OF Crisf		YES 🚺 NO 🗌	13. STREET ADDRESS 60 Somers	Cove		
dicarexa		James	MIDDLE LAS	t	15 MOTHER'S MAIDEN NAM Celia	A .		ssick	1
2 Super	IY	VAS DECEASED EVER IN U.S. AR res, no or unknown)   I # yes, give No	WAR OR DATES)	5-5010	Mary Grace E	ADDRE			
atic even		IB CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY	dILC/	EZILUYE			BETWEEN O	MATE INTERVAL DISET AND DEATH
any injury, or other trau	NOI	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON-	SEQUENCE OF	of FUMA	MALL S CON	DITION GIVEN	PART I	13
8 shows	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	YES NO	206 IF YES, WIN CERTIFYING	G CAUSES	
r Item 1	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR AM. MONTH	DAY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I	OR PART 2)	
narked	MEDICAL	ZIM INJURY OCCURRED  WHITE NOT WHILE AT WORK	218 PLACE OF INJURY LAT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOW	IN I	COUNTY	STATE
tem 21 is		220 I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no		.19 or	, 19	, to death occurred on the do	te and hour on		
ANT: I		226 PHYSICIAN'S NAME (TYPEO	novna	MP.	ATTENDING PHYSICIAN	MEDICAL STAF		105	est 80
MPORT		H. F. Kinnom	an, MD		E. S. Hospita		Cambrid	lge, M	ld. 2161
_	(:	Burial  Burial	9/13/80		dge Cemetery	23d LOCATION CITY OR TOWN Crisfield		rset	STATE
6 25M 4) 1/79	74 FL	NAME S S	ME (FI) ADDRE	C10:-	IJ MJ SFP	15 1980	property.	Metr	rody

27 08 or	PP	Tor	US man con	
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			dilings	
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10 cg/182			My more	

# DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 FICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2. O THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. TO MEDICAL EXAMINER: THIS CERTIFICATE SH EXECUTE THE CERTIFICATE, WRITING THE WORL PAGE 4 SHOULD BE FORWARDED TO THE CITY OF UNREAL DIRECTOR, PAGE 3 SHOULD BE 1 AFTER DEATH, WITH THE STATE DEPARTAMENT CITY BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL

CERT

MEDICAL

1 - ST	OR ATE GISTRAR			STA DEPARTMENT OF DICAL EXAMI	HEALTH			75 11	REG NO	3 4	4	1
	ASED NAME	The state of the s		WIDDIE		TZA		2a DATE KN	NOWN X	MONTH DA	YEAR	26 HOUR
111110	par nerty	John	I	Erskine		Ewing		DEATH A		9-7-	1980	AMM
3 SEX	le	1 RACE	5. DATE OF BIRTH	52 6 AGE (IN LAST BIRTH	DAY) MONTH		DER 24 HRS.	PRONOUNC DEAD		t. 7.	, 80	3AM
7a. BIRT	HPLACE (SI IGN COUNTRY) aryla	TATE OR	76 CITIZEN OF WH		8 MARRIE WIDOW		RRIED X	9 BALTIMO		COUNTY O		MD
	ortown		(IF NOT IN SUCH FAC	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS Ster Gene	)		FOR	UAL OCCUPA MOST OF WORKIN	IG LIFE)		OR INDUST	RY
13a. STA		136 COUN	R OTHER INSTITUTION, GIV	13c. CITY OR TOWN	SION)	13d INSIDE CITY LIMITS	2   13e ST	REET ADDRESS				
	her's NAME		MIDDLE H.	Ewing	3	15. MOTHER'S MA	net	E MIDE	DLE	(	osbor	ne
16a. W.A. {YES,	S DECEASEI	D EVER IN U.S. AR/	WED FORCES?	216-64-8		Janet :	Ewing		rlock	, MD	216	343
7	PARTIDE Candition gave (is	IMMEDIATION, if any, which se to immediate	D BY. TE CAUSE (a) Mu DUE TO, OR (b)	far (a), (b), and (c).)  1tiple Tr AS A CONSEQUENCE	OF	es, Sev	ere			-	APPROXIMATION ETWEEN ON E	T AND DEATH
	lying cau		(c)	AS A CONSEQUENCE		DR CONDITION GIVEN II	V PART 1 4d					
CATION	9a. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OP	RATION W	AS PERFORMED?				20	AUTOPSY	?
5			AL INC.								wee 🖂	W

216 EXTERNAL CAUSE WAS

UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY INITEM IS PART | OR PART 2)

Passenger in car in collision.

216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY INITEM IS PART | OR PART 2)

Passenger in car in collision.

216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY INITEM IS PART | OR PART 2)

Passenger in car in collision.

216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY INITEM IS PART | OR PART 2)

Passenger in car in collision.

STAT WORK ☐ NOT WHILE ☐ NOT WHILE ☐ STREET, ACTORY FAM. EICH HIGHWAYLO, Nor. East New Market, Dorinty, Md. STAT

27a | Certify that | taak charge of the remains described above, held on Autopsy | , Inspection | X , Inquiry | X | and in my apinion death resulted from: Natural course | , Accident | X , Suicide | , Hamicide | , Undetermined manner | , ACTUAL SIGNATURE | Deputy | MEDICAL EXAMINER | DATE | SIGNED |

EXAMINER NAME John Mace Jr. Md. ADDRESS Cambridge, Md.

236. BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY OF CREM

234 LOCATION COUNT

STATE

24 FUNERAL DIRECTOR

LelTer Funeral Home, East New Market, MD SEP 1 5 1980 The Frey Registrate of the Party o

DHMH-17 20M 1/73 (VR A15 ME (5))

Section Cardenage Control The Contract of the Annual Contract of the Con . Divide a firm in the manufacture of the contract of the cont E COL CONTRACTOR OF THE PROPERTY OF THE PROPER

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		MED	ICAL EXAMINE	ER'S C	ERTIFICATE O	F DEAT	H RE	G. NO.			Gen
I. DECEASED NA	ME FIRST		MIDDLE		LAST	20	DATE KNOW	N K MON	IH DAY	YE AR	26 HOUR
(TYPE OR PRINT)	Kennet	th	Bruce	(	George		OF ESTI-	0 0 9	-7-	1980	AA
J. SEX	4 RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY		DER 1 YR. IF UNDER		DATE	MONT	H DAY	YEAR	2d HOUR
Male	Cauc	5-11-53	27 YRS		HS DAYS HOURS	MIN PR	DEAD	Sept	. 7	1,80	3AA
TO BIRTHPLACE		76 CITIZEN OF WH	AT COUNTRY?	MARR	ED NEVER MARRI	IED 7	BALTIMORE C	ITY OR COL	NTY OF D	EATH	
Maryl	and	USA		WIDOW			Dorche			-	MD
10. CITY OR TOW	N OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME,				L OCCUPATION ST OF WORKING LIFE		OR	ND OF BU	RY
Cambr			ter Gener		Hospital	Car	penter				ctio
USUAL RESIDENCE 130 STATE Maryla	136_COU		Reliance	14)	13d. INSIDE CITY LIMITS? YES NO	13e STREE	ADDRESS BOX	243F	-	afor	
14 FATHER'S NA	ME	MIDDLE	ŁAST		15. MOTHER'S MAIDE	ENNAME	MIDDLE			LAST	
Tho	mas	Daniel	Georg	е	Caroli	ine	Mari		Hof	fma	n
	SED EVER IN U.S. A	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECURITY		17. INFORMANT		Rt. AD				
No	-		219-56-8	113	Doris Ge	eorge	Seafo	rd, I	elaw	vare	
18 CAUSE	OF DEATH (Enter of	nly one cause per line	for (a), (b), ond (c).)							PROXIMATE	INTERVAL
PARTI	DEATH WAS CAUS IMMEDI	ATE CAUSE (a) Mu	tiple inj	uri	es, Sever	re			F	ew M	ins
7 6/0	0		AS A CONSEQUENCE O	F							
	lians, if any, which rise to immediat										
	(a) stating the under ause last.	DUE TO, OR	AS A CONSEQUENCE O	F							
lying	dose last.	(c)									
	R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMIN	VAL DISEAS	E OR CONDITION GIVEN IN PA	IRT 1 (a)	EUN	= 0			
190. DATE											
Y 190. DATE	OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	W NOIT	'AS PERFORMED?				20 A	UTOPSY?	
E E										res 🗌	NOX.
	NAL CAUSE WAS		MONTH DAY YEAR	21c. H	OW INJURY OCCURRE	D (ENTER NA)	TURE OF INJURY IN IT	EM 18 PART 1 OF	R PART 2)		
CONTRIBL	TING CAUSE OF		19-7- 1,80	W	as driver	of	car in	coll	isio	n	
WHILE	Y OCCURRED	SIREET, FACTO	FINJURY (AT HOME, DRY FARM, ETC.)	1 . :	CATION		CITY OR TOWN		COUNTY		STATE
AT WORK	NOT WHILE	State	Highway	16,	Nr. East	New	Marke	t. Do	or. N	Id.	
		rge of the remains desc	ribed above, held an	Autap	sy , Inspection	in X.	Inquiry .	and in my	opinion		
death res	ulted fram: Nat	ural causes ,	Accident . Suic	ide 🗌	, Hamicide ,	Undeterr	mined manner				
- Constant	0	2	0		TITLE (SPECIFY)						
SIGNATUR	E To	www	Z X	N	Deputy	MEDIC	AL EXAMINER	DA' SIG	NED 9/	10/	80
EVALABLED	confue Tal	n Mace J	n M D								
EXAMINER (TYPE OR F	BINTY OUT	III MACE J			ADDINGEO		idge,	Md.			
(SPECIFY)	NATION, REMOVAL		23c. NAME OF CEM			23d. LOC CITY OR	ATION	C	OUNTY	ST	ATE
Buria		9-9-80	QurLadyo	IGO	od Counse		cretar		orch		D
24 FUNERAL DIR	ECTOR	ADDRESS			250. DATE I	REC'D. BY R	EGISTRAR	REGISTRAD	S SIGNATI		
retter	runera.	nome, Es	st New Ma	rke	t MULTI	2 130	1-10	red /	-CAMPH	7	

DHMH-17 20M 1/2 (VR A15 ME (5))

THE REPORT OF THE PARTY OF THE TE CHILD OF STATE aryland torchaster deliance it it it is an arrander to brelyna HOPE XXX . I THE - Clystel Correspond of the Contract of the Co The Morod wasterost feature been toybelind 08-1-1 felting The same in the form of the same in the sa

nding physicion and campletely filled in by the funeral di ector, page 3 carbon papers. Pages 1 and 2 should be filed within 72 hours after death

and Mental Hygiene prior to burial,

8

MPORTANT: If Item 21 is marked or Ite

Then plea

certificate has been

PHYSICIAN The

as the buriol-transit per

to FUNERAL DIRECTOR After hould be detached for use as with the State Dept of Health

FOR 1 - STATE REGISTRAR DECEASED NAM TYPE OR PRINT

Maryland

4 FATHER'S NAME

STATE OF MARYLAND

130 CITY OR TOWN

Cambridge

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13e STREET ADDRESS

Cambridge House

- STATE REGISTRAR -			CERTIFICATE OF DEATH	REG. NO	0 , , 0
DECEASED NAME	FIRST	MODDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
(TYPE OR PRINT)	Stella	May Bender	Hackett	August 25, 198	30 753m
3 SEX		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER YEAR IF 4DER 24
Female	2	White	April 3, 1895	85 YRS	MONTES DAYS HOURS MIN
To BIRTHPLACE : ATE O		16 CITIZEN OF WHAT CO	UNTRY? 8 MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Philadelphi	a, Pa.	U.S.A.	WIDOWED X DIVORCED	Dorchester	MD
10 CITY OR TOWN OF E	DEATH		NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Cambridge		Dorchester G	eneral Hospital	(TYPE OF WORK FOR MOST OF WORKING LI	Own home
USUAL RESIDENCE (IFN	URSING HOME OR	OTHER INSTITUTION, GIVE RESIDEN		? 13e STREET ADDRESS	

13d INSIDE CITY LIMITS?

NO [

15 MOTHER'S MAIDEN NAME

Harry Edwin Bende	LAST	Elizabeth	Jane Seive	rd	£AST
a WAS DECEASED EVER IN U.S. ARMED FO		17 INFORMANT	AD	DRESS Feder	alsburg,
No	212-74-6655	Mrs. Betty	Anthony, 20	06 Vernon	Ave., Md.
18 CAUSE OF DEATH Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	E (o. Stroke				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
and the same of	ETO, OR AS IN CONSEQUENCE OF	· b .			
	E TO OR AS A CONSEQUENCE OF				

YES X

gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	<i>P</i> .		
PART 2 OTHER SIGNIFICANT COIL	NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1 0
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YÉS ☐ NO ☐	1206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
2)0 ACCIDENT V IVING OR CONTRIBUTING OF DEATH (IF EITHER, NOTIFY AMINIR)	215 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJUIT OCCU	HELD/ HIVITE HALIRE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
WHILE NOT WHILE AT WORK AT WORK	21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	YN COUNTY STATE
22a I certify that (I) (this haspital)	AIC VCI	od that in (my) (our) engine	depth occurred on the do	te and hour and from the course states

obove. (I) (we idjay raid not view the body ofter death 226. SIGNATURE

Dorchester

22e ADDRESS

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

MA PHYSICIAN'S DAME (TYPE OF PRINT)

Cambridge Cemetery

224 DATE SIGNED

STATE

BURIAL, CREMATION, REMOVAL 23b. DATE

NAME OF CEMETERY OR CREMATORY

23d. LOCATION Cambridge.

Burial BP. 24 FUNERAL DIRECTOR

MEDICAL CERTIFICATION

AODRESS Federalsburg Framptom-Hawkins Funeral Home, 216 N. Main St.

Aug. 28,1980

DHMH - 16 60M 7/73 (VRA 15(4))

declinate Bender Bedless Teaste Watre april 3, 1895 Bi-Philadelphis, Ps. U.S. S. turyland Dordnester Cambridge X Cambridge Sanke HATEN Edulm Sender -mindaintabalt 212-74-5655 Prs. Betts Anthony, 106 Vermon Ave., 8d. Burtal Aug. 24,1988 Castridge Castrons | Castridge Dyrchesters SEP 2 2 1991 May Super Street Federal shurg

Practice leading Funeral Tone, 116 8. 18th St.

Tank	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HE	ALTH AND MENTAL HYGI CATE OF DEATH	ENE 8 U	2 3	444
MY	(TYPE	CEASED NAME FIRST OR PRINT) AHMI	é C	1/	si y d	20 DATE OF DEATH	- 25-19	YEAR 26 HOUR 545
ope 4 mg	I SE	F	Carcas 120	S DATE OF	F MRTH	6 AGE (IN YEARS LAST BIRT)	HDAY) IF UN MONTH	DIR 1 YEAR IF UNDER 24 HAS AS DAYS HOURS MIN
1685	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	WIDOWE		Dorches	x-00-	DEATH  TONTY MD
1163	(	Cambn'dge	11. NAME OF HOSPITAL, NURSING	DORESS	eneral.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	NE KIND OF BUDINESS OR NOUSTRY
35	130.5	irginia 136 COUR	TO THER INSTITUTION, GIVE RESIDENCE BEFORE	ge		130 STREET ADDRESS	l Cambr	ridge
09 15 GPS	14. FA	Jesse	Abbott		Pearl	AMOULE		Täber
on and co	16a V	VAS DECEASED EVER IN U.S. AR (ES, NOTOWN) {IF YES, GIVI	MED FORCES? 166 SOCIAL SECUP EWAR OR DATES) 229-20-		Edwin Lloyo	, Cambrid		
physicis on poper emoval event, the			nly one cause per lipe (ar. a), (b. and D BY- TE CAUSE (a)	Ko	pratory	Sauler	re	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
death ce ottending ove corbi		ganditions, if any, which	DUE TO, OR ACA CONSTQUE		V			
that the last remains of cremains of cremains of the transfer tran		gove rise to immediate cause a stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF				Lead .
requires the signed Then ple	NOI	me fastet	CONDITIONS CONTRIBUTING TO D		NOT RELATED TO THE TERMI	nal disease or cond	ITION GIVEN IN	PART Na
The low non the low non the low permit permit permit permit hows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	OPERATION		200 AUTOPSY?	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH? NO []
SICIAN ag physic certificati riol frons entol Hyg	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEALER THE LETTER, NOTIFY MEDICAL EXAMINER	P.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURRI	ED ANTERNATURE OF INJUR	Y IN ITEM 18, PART 1 C	OR PART ?)
ottending otter this os the but th and M	MED	21d INJURY OCCURRED  WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA	110	211 LOCATION STREET	CITY OR TOW	-	OUNTY STATE
Spital or Spital or CTOR. A sfor use of Heal					that n (my) our) apinion d	eath occurred an the da	,	from the causes stated
Y the ho y the ho RAL DIRE detached ate Dept		226 SIGNATURE	llille	D		MEDICAL STAP		22¢. DATE SIGNED
TO HOSPITAL etoined by it.  TO FUNERAL should be det with the State.		224 PHYSICIAN'S NAME (TYPE O	WILCE		400 Mai	cylored,	Aue	21613
BP		BURIAL, CREMATION, REMOVAL	Sept. 20, 1980	Dorc.	METERY OR CREMATORY nester Mem.	Park of Camb	ridge	Dor . Md STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FU	Thomas Fune	ral Home, Cambr	ridge	, Md . 250 DATE	PEC'D. BY REGISTRAR	SE REGISTER P'S	Sylphon Brandy

			ASIL		
	Land Work				
Cambridge car	6.0.7	The same	to hear of	0.0	
		120.5			
1.4.4.60	20134 -01t	y South Mage	002-02-025		
		Trip tomes			
	To free				

deoth certificate

requires that the

TENDING PHYSICIAN The low

TO HOSPITAL

BP.

retained by the hospital or attending physician.

# FOR - STATE REGISTRAR Page 4 may be completely filled in by the funeral director, pi s I and 2 should be filed within 72 hours offer notified of once. executed within 24 haurs

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

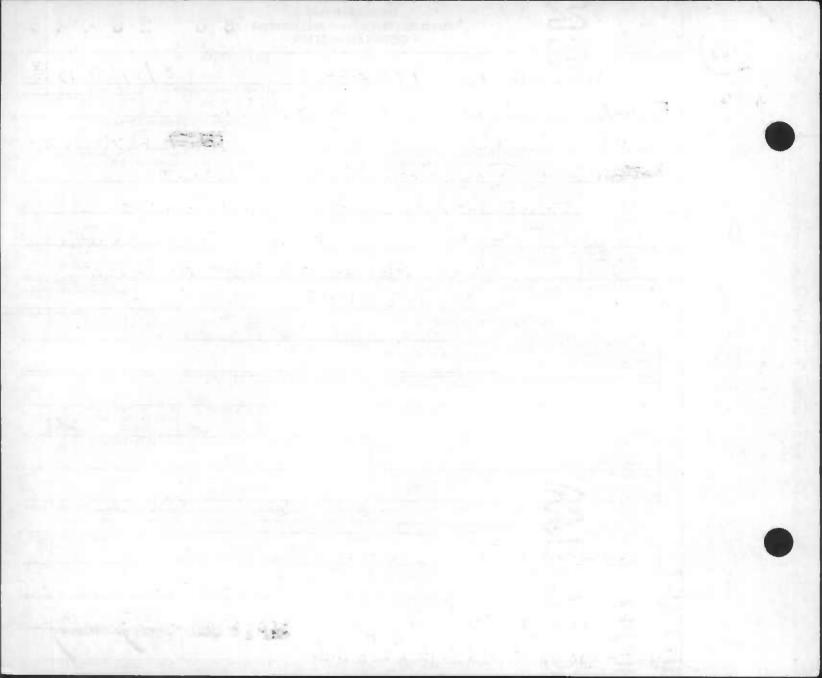
8	0
	REG. NO.

	ECEASED NAME FIRST	MIDDLE	LAST	2	DATE OF DEATH	SONTH DAY YEAR 25 HOU
	HELE	NB.	PARKE	R		8/27/80/12
3 SE)	X 4.6	RACE	S. DATE OF BIRTH		AGE (IN YEARS LAST BIRTH	
F	-0.000/s	Nagen	MONTH D	4	93	YRS MONTHS DAYS HOURS
7a BI	SIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	1 -	- 1	BALTIMORE CITY OF	
C	COUNTRY)	110	MARRIED LI NE	ER MARRIED L	The second	Darolat
10.0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL NURSIN	WIDOWED A	DIVORCED	R USUAL OCCUPATIO	IZE KIND OF BUSINE
1		(IF NOT THE SUCH FACILITY, GIVE STREET			TYPE OF WORK FOR MOST OF	
	LAW!	DARCHO	ster 10	9-K)	Rotter	0)
13a S	JAL RESIDENCE (IF HURSING HOME OF OTH STATE, I I'M COUNTY			DE CITY LIMITS?	R STREET ADDRESS	,
	Md. TALL	rot St. Miol	PLS YES B	NO 🗆	209 141	Lut st
14 FA	ATHER'S NAME FIRST MIDE	DLE LAST	15 MOTE	HER'S MAIDEN NAME	WIDDLE	C NAST.
1	Charles	Railey		man	0	Ba. O.
	WAS DECEASED EVER IN U.S. ARME		JRITY NO 17 INFO	RMANT	/ADDRES	SS
	(YES, NO OF UNKNOWN) (IF YES, GIVE WA		2434 Hp.	1 then ?	Scipett as	o Tullet et
	The Sauce Of Oracle	LOSE U.B.	12 112 11111	161 1000	LECTION DO	APPROXIMATE INTER
	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	Y A C 1 S	0	45		BETWEEN ONSET AND
	IMMEDIATE C	AUSE (o)	2 0	201		
	4141	DUE TO, OR AS A CONSEOU	ENCE OF			
	Conditions, if any, which	(b) COH	,		Language	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	1000		
	underlying couse lost	(c)	ELICE OF			
100	PART 2 OTHER SIGNIFICANT CON		DEATH BUT NOT REL	TED TO THE TERMIN	AL DISEASE OR COND	TION GIVEN IN PART 1(a)
Z						
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED
5						IN CERTIFYING CAUSES OF DEAT
E .	DI ACCIDENT WAS LINGSBURD OF	216. TIME OF INJURY	111, 401	A INTUINA OCCUPACI	YES NO	YES   MOE
	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR AM. MONTH D		W INJURY OCCURRED	ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	PM	19			
ED	214 INJURY OCCURRED	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM ETC.) 211 LOC	ATION	CITY OR FOWE	y COUNTY ST.
5	AT WORK AT WORK		,			
	220   certify that (I) (this hospital)	ottended the deceased from	6:11	0 19 80	. 10	19 50 that (1) (v
	spw the deceased glive on	19		(my) (our) opinion de	oth occurred on the do	e and hour and from the couses sto
	obove (F)(we) (did (did not) vi 22b, SIGNATURE	iew the body after death.	DEGREE			22¢ DATE SIGNED
	776	0 5		ATTENDING	MEDICAL STAFF	
	1 mile	na	aws	PHYSICIAN	DIRECTOR PHYSICI	AN 🗌
			22R ADI	ORESS _		
	228. PHYSICIAN'S NAME (TYPE OR RE	7	1	C >= //	Ca	
N	27d. PHYSICIAN'S NAME (TYPE OR PO			for Ace	10m 82	
230 E	V- wiehl	4	NAME OF CEMETERY	FUD Ace	1236 LOCATION	
	V- with	4	NAME OF CEMETERY	FOO ACE OR CREMATORY New - REE	CITY OR TOWN	. Can mil

DHMH-16 20M (VRA 15, 4) 7/7B

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and coil should be detached for use as the burnol-transit permit. Then please remove carbonpapers. Pages I with the State Dept of Mealth and Mental Hygiene prior to burnol, cremation, ar removal.



PHYSICIAN The ottending physicia

ENDING

ned by

BP

# FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

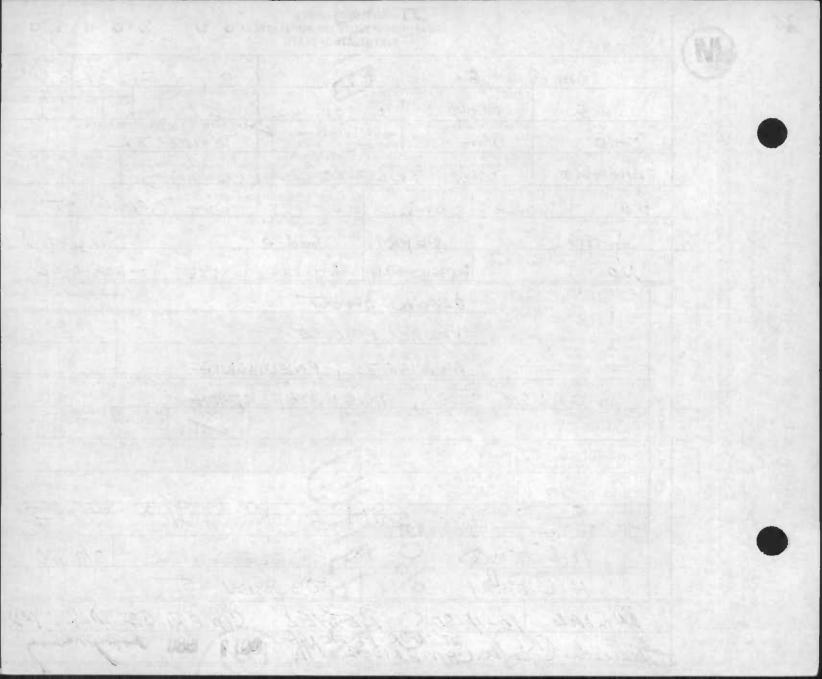
DSO DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

R )	RI	EGISTRAR				CERTIF	ICAIE OF DEATH		REG. I	10		
11			FIRST	MIDDLE	4.5.7.7.74	Į.	AST	2a DAT	E OF DEATH	MONTH	DAY YEAR	26 HOUR
/	(TYPE OR I	AC	mes	F		Pe	FRRY	(	7	3	080	3:30
	3. SEX		4 RA	CE		5 DATE C		6 AGE	(IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	
		MATE		NEGR	0	MONTH	0.1 1100		37	YRS	MONTHS DAYS	HOURS A
S. /	70 BIRTH	IPLACE ISTATE OR FORE	IGN 76 CI	TIZEN OF WHA	T COUNTRY?	8	NEVER MARRIED	9 BALT	IMORE CITY	OR COUNT	TY OF DEATH	
t ou	(	OHO		USA		WIDOWE		5 7	DORCH	2312	R	
Ped		OR TOWN OF DEATH		NAME OF HOSP			PROTHER INSTITUTION		JAL OCCUPA WORK FOR MOST			OF BUSINES
10	CR	AMBRIDGE	1	DORCI	A Transport	RGE	NERAL HOSP	_	Gmplo		ine) INDOSTRI	
t pe	USUAL R	RESIDENCE (IF NURSING	HOME OR OTHER		RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STR	EET ADDRESS			
E.	M	d	POP		and		YES NO		015	CR	OSBY	SJ
ou a	14 FATH	ER'S NAME	MIDDLE		LAST		15 MOTHER'S MAIDEN N	IAME	WIDDLE		14	CT.
071		JOPIN	Mose		PER	2RY	Addis	0	Model		Sinia	10700
licol		DECEASED EVER IN	U.S. ARMED I		SOCIAL SECU	RITY NO.	17 INFORMANT		ADDI			
пес	(165)	NO	. 125, 5112 11111	2	13-42-	-226	LUCITIE	2 00	ISE	-	-356-	5836
the	18	CAUSE OF DEATH	Enter only one	couse per line f	or o , ib , one	dic					APPRO) BETWEEN	ONSET AND DE
vent		PART I. DEATH WAS	MEDIATE CA	USE (a)	APDIA	c A	PREST				100	
tic e		3229		DUE TO, OR AS	A CONSEQUE	NICEOE			9/11 "b	077:27		
ma		onditions, if ony, w		b)	ENA	1 9	ALLURE					
ar tro		love rise to immediate to storing		DUE TO, OR AS	A CONSEQUE	NCE OF						
othe		nderlying couse			NEWIN	110000	S. PNIFL	mon	NA			
y, or	PA	ART 2 OTHER SIGNIE	ICANT COND	ITIONS CONTR	HBUTING TO E	DEATH BUT	NOT RELATED TO THE TE	RMINAL DIS	EASE OR COL	NDITION G	IVEN IN PART 1	o l
njor	NO	ALCOM	406151	M. SET	PSIS.	TOR	UG ABUSE,	SI	ADH-			
ony		DATE OF OPERATIO	N I	196 CONDITION	FOR WEICH	OPERATIO	N WAS PERFORMED	20a A	AUTOPSY?	20b IF Y	ES, WERE FINDE	NGS USED
Smp	TIE		THE P					YES	NO		YES [	NO [
8 s.h		a ACCIDENT WAS UNDER		16. TIME OF INJ		W VEAR	21c. HOW INJURY OCCU	JRRED (ENT	ER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
E	AL	R CONTRIBUTING CAL FEITHER NOTIFY MEDICAL E		HOUR A.M.	MONTH DA	19						
or H		INJURY OCCURRED	2	Te PLACE OF IN			211. LOCATION		CITY OR TO	1441	COUNTY	STATE
rked		WORK NOT WHILE		AT HOME, STREET, FA	ACTORY, OFFICE, F	ARM, ETC)	SINEL		CHTORIC	,	COOINT	2141
OE .	22	I certify that	nis hospital a	ttended the dec	ceased from	Cr	[ C/ , 19	80. to_	9	130	19 80	tho (I) (we
21.6		sow the deceased above I have I dis	olive on		death 19_	SO de	d that in my (our) opinion	n deoth occ	curred on the	ote and ha	our and from the	couses state
E	22	SIGNATURE /	()	v ine body offer	deom.		DEGREE		/		224. DATE	SIGNED
T. H		140	7 10	rus		7	ATTENDING PHYSICIAN	MEDIC	TOR PHYS	AFF ICIAN []	9/=	27/80
NA -	22	A PHYSICIAN'S NAM	E (TYPE OR PRINT	11	1 - 202		77e ADDRESS				11"	100
IMPORTA	100	H.	LF	ERY			503 R	34PM	1 5			
<u> </u>	23a BUR	IACCREMATION, RE	MOVAL 731	DATE	23c N	NAME OF C	METERY OR CREMATOR	, ,	OCATION			
12	(SPEC	DURIA	1	0-11-		7	ETHE!	C	MAR Z	TIDGE	ECOUNTY BB	R STATE

AMBRID

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR



	14 8	27.38	3
	TO HOSPITAL 3—ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the haspital or offending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, polyshould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours after deminitive State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal.	
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	TO HOSPITAL SATTENDING PHYSICIAN The Interprised by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicis should be detached for use as the burial-transit permit. Then please remove carbanpaper with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remaval.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner massibe nearlied at once.
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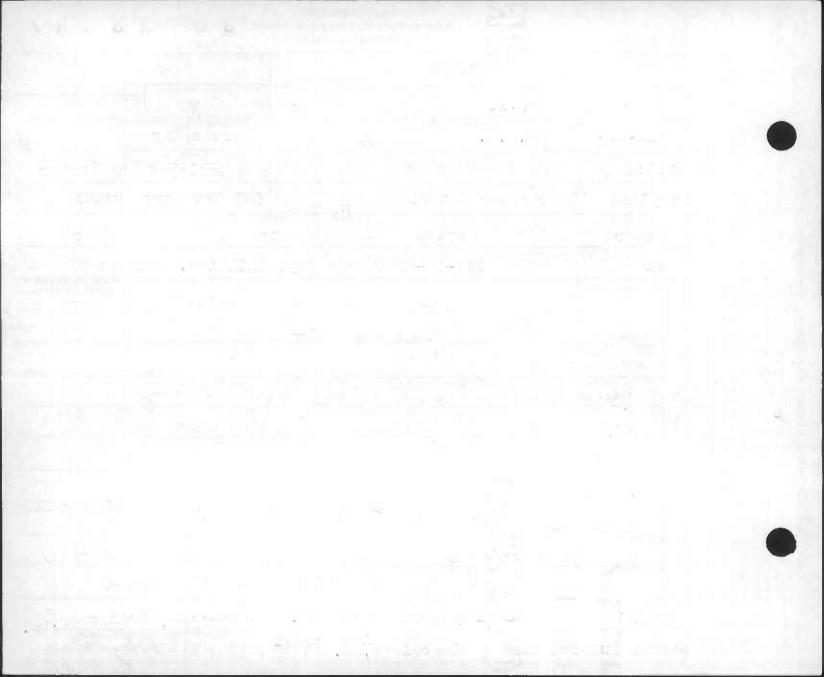
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. NO.	2.	
		CEASED NAME OR PRINT)	PARY		velyn	Pi	nillips		24 DATE OF DEATH MONTH	7 08 80	26 HOUR
	3. SE>	FEMALE	1	RACE White		S. DATE C	DAY Y	EAR 18	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
5		RTHPLACE (STATE OR FO	REIGN 71		what country:	MARRIEI WIDOWE	NEVER MARRI DIVORC	ED L	Dorcheste		MD
3	10 CI	TY OR TOWN OF DEA mbridge	TH I		HOSPITAL, NURSI		al		126 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORK NOT EMPLOYE	IZE KIND INDUSTR NOM	of Business or emaker
		AL RESIDENCE (IF NURSI			GIVE RESIDENCE BEFORE		134 INSIDE CITY LIV YES MO	MITS?	505 Goveno	rs Aven	iue
1		THER'S NAME Howard	MK	ODLE	Wroter		15 MOTHER'S MAIL	gusta	A MIDDLE	Edg	gar
1	16a V	VAS DECEASED EVER	N U.S. ARMI		212-10		Vanda Fa	aye :	Phillips, S	Same as	13
		Conditions, if ony, gove rise to imm cause (a), stating underlying couse	which sedicate g the lost	DUE TO, OI	R AS A CONSEQUENT TO THE PROPERTY OF THE PROPE	RM IN JENCE OF	PULMO	4			OXIMATE INTERVAL IN ONSET AND DEATH
	ATION	A .	o Can	cenon	n Ric	ut	NOT RELATED TO THE	- Rig	VAL DISEASE OR CONDITION  LIL MERCHECKEY  1200 AUTOPSY? 200.	IF VES, WERE FIND	
1	CERTIFICATION	1977							YES NO B	YES	NO
9	MEDICAL CE	216. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR	AUSE OF DEATH	216 TIME O HOUR A P	M. MONTH D	YEAR	ZIE LOCATION	OCCURRE	D (ENTER NATURE OF INJURY IN ITE	EM 18, PART T OR PART 2	
	MEI	WHILE NOT WH		(AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
		220 I certify that (1) saw the decease above (1) world		0.1	0	0		SD) opinion de	oth occurred on the date on		
		22b. SIGNATURE	207	1 Fre	ry			DING (2)	MEDICAL STAFF DIRECTOR PHYSICIAN		TE SIGNED
		22d. PHYSICIAN'S NA	+ L.	FIER	> f		220 ADDRESS	3 F	BYRN ST	CAMB	
		urial, cremation, i	REMOVAL	23b. DATE 9-11			ster Cen		Cambridge,	Dorche:	ster Md

DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR
Curran Fun Funeral Home

ADDRESS 308 High Stree et registrar 756. REGISTRAR'S SIGNATURE Cambridge, Md. 2 6 13 EP 11 1980

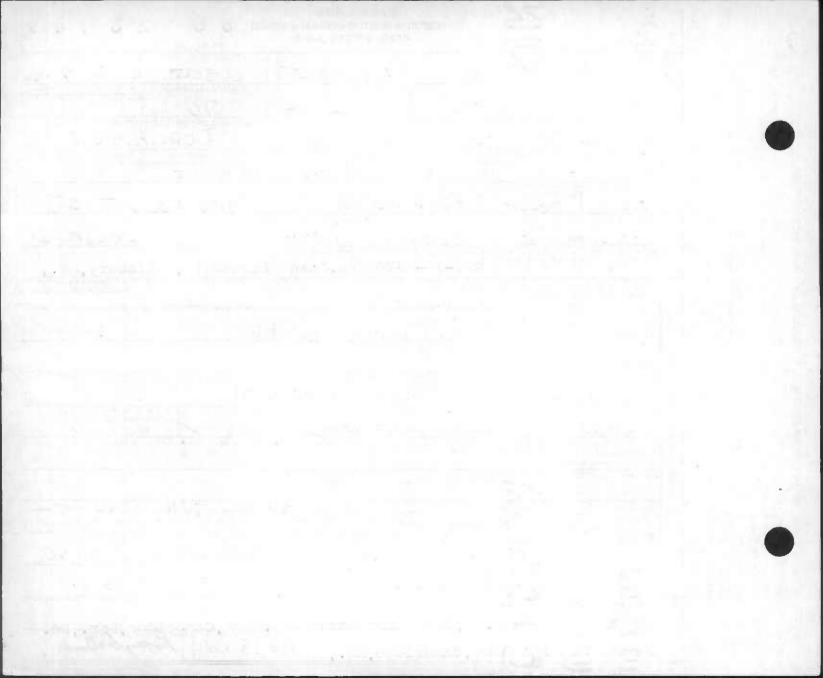


TO HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.

	4	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IEME A D	0 3 0 0 1
4	1.	STATE REGISTRAR	DET ART	CERTIFICATE OF DEATH	REG. NO	
X		CEASED NAME FIRST	WIDDLE	LAST		ONTH DAY YEAR 26 HOUR
(4)		ROLAN	D (NONE)	PHILLIPS	SE	T. 19 1980 6 1.
00	3 SE	MALE	CAUC.	S DATE OF BIRTH MONTH DAY YEAR 7 22 98	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MI
led at o		RTHPLACE (STATE OR FOREIGN COUNTRY)  Tyland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	COUNTY OF DEATH
the nough	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OF OTHER INSTITUTION	12 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WATERMAN	WORKING LIFE INDUSTRY
Der ma	USU		ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13. STREET APPRESS	
examing	14 E/	THER'S NAME		IS. MOTHER'S MAIDEN NA		
office of		WM.	MIDDLE PHILA.	11/17/11/11		PARKER
the me		VAS DECEASED EVER IN U.S. AI (ES, NO OF UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU 218-20-		Baker, LA	1 05 110 Cant
removal.		PART I. DEATH WAS CAUS	nly ane cause per line for (a), (b), an ED BY (TE CAUSE (a)	ting Heart to	rilure	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEA
tion, or it traume		4140 Canditions, if any, which	DUE TO, OR AS A CONSEQUE	ence of clerotie Han	1 Disease	e years
al, crema		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		
ir to buri	NO		conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1(0)
iene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO 🌠	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	1 2					
ntal Hygi	¥	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	YEAR 19	RED (ENTER NATURE OF INJURY	IN ITEM (8, PART ) OR PART 2
h and Mental Hyg			HOUR A.M. MONTH D	19 211 LOCATION	CITY OR TOWN	
of Health and Mental Hyg	¥	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220 I certify that (Pr (this hasp  saw the deceased live as	P.M.  71e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.)  pointal) attended the deceased fram	AY YEAR 19 211 LOCATION STREET	city of town	
are Dept. of Health and Mental Hyg	¥	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  270 I certify that (Pr (this hasp	HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1)  21tal) attended the deceased from	AY YEAR 19 211 LOCATION STREET	city of town	te and haur and fram the causes stated
Considered for use as the outsit rans) State Dept. of Health and Mental Hy ANT: If Item 21 is marked or Item 1	¥	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE STORY THAT THE SAW THAT HE SAW THAT CONTRIBUTION OF THE SAW THE SAW THE SAW THE SAW THE SAW THE SAW T	P.M.  71e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.)  11 altended the deceased fram  11 altended the deceased fram  11 altended the deceased fram	FARM, ETC   211 LOCATION STREET   19   19   19   19   19   19   19   1	city of town	te and haur and fram the causes stated
be detached for use as the bunal-stans to State Dept. of Health and Mental Hy ITANT: If Item 21 is marked or Item 1	WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220 I certify that (IF (this hasp  saw the decease falling at	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  11 Body ofter death  19  DAPRINT)  DAPRINT)	FARM, ETC   211 LOCATION STREET  19  211 LOCATION STREET  19  212 LOCATION STREET  19  213 LOCATION STREET  19  214 LOCATION STREET  ATTENDING PHYSICIAN	city of town	te and haur and fram the causes stated

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A Charles A Charles and the Control of the Control

	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.								
	CEASED NAME FIRST	MIDDLE		nšī .		MONTH DA		25 HOUR		
)	SALL	IE M	R	ANSONE	SET	11	80	7:0		
3 SE	×	1 RACE CAUC	5 DATE O	OAY YEAR	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	# UNDER :		
70.8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y2 N	2 04	9 BALTIMORE CITY C	P COUNTY C	DEDEATH			
	MARYLAND	USA	MARRIED	NEVER MARRIED	7	RCHE		0		
/ 10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME O		120 USUAL OCCUPAT		126 KIND O	F BUSINE		
	AMBRIDGE		TER 6	EN. HOSP	Homemake	F WORKING LIFE)	INDUSTRY			
13a	STATE 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEINTY  130 CITY OR TO		134 INSIDE CITY LIMITS?	130 STREET ADDRESS	LOCU	157	57		
9/14.6	ATHER'S NAME FIRST  1. 211 CIMM	MIDOLE LAST	wm	15 MOTHER'S MAIDEN NAME OF SH			LANG	FOR		
/ 16a=1	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDR		01,710 @			
/   '	YES, NO OR UNKNOWN) (# YES, GIV	212-10	-4574	Mrs.Jean F	itzgerald	, Salis	sbury	Md.		
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b),						MATE INTER		
	PART I. DEATH WAS CAUSE	TE CAUSE (0)	eumo	nia						
	5355	DUE TO OR AS A CONSEC	DUENCE OF			- 10		,		
	Conditions, if any, which	1 by Sever	e blead	eng Bastrit	25		34	ehs-		
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC		0						
	underlying couse lost	DUE TO, OR AS A CONSEC	JUENCE OF							
Z O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- LIVER FAILURE RHEUMATOD ARTHRUMS									
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN			
7 H	8/25/80	Feeding 9	astra	- most a	YES NOT	YES	ING CAUSES	NO [		
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T I OR PART 2)			
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION						
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STA		
		attended the deceased from	n 9	27 19 50	2 to 9	11 15	9 50	that (I)		
	sow the deceased alive or	on view the body ofter death.	80 on	d that in my (our) opinion	death occurred on the d	ote and hour a	and from the	couses sta		
	276 SIGNATURE	of view the body offer death.		DEGREE			22c. DATE	SIGNED		
	147	trong	1	ATTENDING PHYSICIAN F	MEDICAL STA		9/1	11/50		
	7,00	OR PRINT)	,	220 ADDRESS	TORECTOR   PINISK	- IAIN	1 11.	10		
7	22d. PHYSICIAN'S NAME (TYPE C			m)	21/211 07		1200			
7	226. PHYSICIAN'S NAME (TYPE O	L. FIERY mi	D	503	BYRN ST		amg 1	onc		
730				METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	_	OUNTY	51/		
	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	. 23b. DATE 23	R. NAME OF CE	METERY OR CREMATORY	23d. LOCATION CHY OR TOWN	o da	OUNTY			
	BURIAL, CREMATION, REMOVAL SPECEFY BURIAL UNCEAL DIRECTOR	. 23b. DATE 23	O Doro	METERY OR CREMATORY  Chester Mem  1250. DATI	23d. LOCATION CITY OR TOWN	o da	OUNTY			



Decreased name    Part   Mode   Part   Mode   Part   Part	10	1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REG. NO.								-1 =	U			
BENN APT. IT.  SEX   SAC   CAUL   DATE OF BRITH   SAC   ACCESSION   EVANGE   CAUL   CA			1. DE	CEASED NAME		3.7.773.7					ATE KNOWN	-		
MRIPH ACE MANTON  IN BRITISH ACE MANTON  IN B	1	2023E									ATH MATED			
MARRIED MONORED DONORCED DONOR						Jan. 25,	1914 66	HDAY) MONT		MIN PRON	OUNCED	9	23 108	7 / 48 N
The Language of the country of the c		XY		REIGN COUNTRY)	ATE OR					RIED L		_	TY OF DEATH	MC
The Language of the country of the c		LAY IS NO THE FOOT HE FOOT HE FILED, 301 W	1			(IF NOT IN SUCH FA	CHITY, GIVE STREET ADDRES	S)		FOR MOST OF	WORKING LIFE)	YPE OF WORK	OR INDU	BUSINESS STRY LTish
The control of the co	201	ANY DE AND 3 T RETAIN IOULD B ECORDS	13a S	TATE	13b, COUNT	TY .	13 CITY OR TOWN	vill		rura.	DRESS			
He WAS DECEASED EVER IN U.S. ARMED FORCES?   No. ARMED FORCES?   No. OCUBANOW! SO CUENTOM! SO CUENTO	E, MD. 21	ES 1, 2 1 PM 3 1 ND 2 SH FVITAL R	14 F/	FIRST	min		n Rippo	ns	15. MOTHER'S MAID		MIDDLE	B:	ranno	ck
THE CAUSE OF DEATH LETHER ONly one cause per line for (a), (b), and (c).  PART IDEATH WAS CAUSED BY.  COPONARY OCCURSION  INMEDIATE CAUSE (a).  COPONARY OCC	LTIMOR	AFTER IVE PA H FOI GES I	160 V	WAS DECEASED	DEVER IN U.S. ARA	WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	17 INFORMANT		Hoope Ripp	rsvi:	11e,Mc	1.
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove the to immediate costs (a) stating the under:  (b) DUE TO, OR AS A CONSEQUENCE OF  (c)  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONDITIONS CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONTENDING TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 is  FART 2 DIFFE SIGNIFICANT CONTENDING TO THE TERMINAL D	ST., BA	HOURS M 18 G NG WIT RMIT. PA		18 CAUSE O PART I DE	ATH WAS CAUSED	BY:	for (a), (b), and (c).)	occli	sion				APPROXIM	ATE INTERVAL
PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?    PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED?   PART 7 DIMER SIGNIFICANI CONDITION FOR WHICH OPERATION FOR WHICH OPERATION FOR WHICH OPERATION FOR WH	RESTON	THIN 24 ER ALO NSIT PEI L HYGIE			is, if any, which	DUE TO, OR	AS A CONSEQUENC	E OF						
PART 2 DIRES SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 18 AUTOPSY?  YES NO.  190. DATE OF OPERATION  190. DATE OF OPERATION				cause (a)	stating the under-	<	AS A CONSEQUENC	E OF						
The external cause was public properties and the part of part	ORDS, 3	E EXECUING" II	Z	PART 2 DIHER SH	GNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E DR CONDITION GIVEN IN PA	ART 1 (a				
AT WORK AT WORK    AT WORK AT WORK   AT WORK	AL REC	HOULD B HEF MIE USED A OF HEAL L, CREM	FICATIO	190. DATE OF	OPERATION	196 CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED?					7.5
AT WORK AT WORK    AT WORK AT WORK   AT WORK	1 OF VII	CATE SHE WORLD BE INTER OF BURING	L CERTI	UNDERLYING	OR	HOUR A.M		AR 21c. H	OW INJURY OCCURRE	ED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PA		NOA
270. I certify that I took charge of the remains described above, held an Autapsy , Inspection A., Inquiry , and in my opinion death resulted fram. Notural causes X. Accident . Suicide . Homicide . Undetermined manner . TITLE (SPECIFY)  M.D. Deputy MEDICAL EXAMINER SIGNED 9/24/80  EXAMINED SNAME John Mace Jr.  EXAMINED SNAME JOHN MACE	DIVISION	VRITING TI VRITING TI VRITING TI VRIDED TO GE 3 SHO GE 3 SHO GE 10 PRIOR TI	MEDICA	71d INJURY C	CCURRED	21e PLACE	OF INJURY (AT HOME,			СПУС	OR TOWN	со	UNTY	STATE
EXAMINED S NAME John Mace Jr.    EXAMINED S NAME John Mace Jr.   Cambridge, Md.		FICATE, V FICATE, V SE FORW, CTOR: PA THE STA AND, 212(		22a. I certif	y that I took charge	বিজ					,	and in my of	oinion	
EXAMINED S NAME John Mace Jr.    EXAMINED S NAME   John Mace Jr.   Cambridge, Md.	D	AL EXAM HE CERTI HOULD B AL DIREC TH, WITH			2n	mm	med	N		MEDICAL E	XAMINER	DATE SIGNE	9/21	1/80
BP		MEDIC ECUTE TI GE 4 SP FUNER TER DEA LTIMORE		EXAMINED S	NAME John	Mace J	r. /		ADDRESS Camb					
OHMH-17 (VR A15 ME (5))			{5	bur	ial S				ter Mem.	Pk Ca	mbrid			ter;
13M////		DHMH - 17		NAME		1 Home,	Cambri 308 Hig	dge, l h St.	11.0			GISTRAR'S	GNATURE	,

The Mark State Course of the the total 125 some must the control of the co  n signed by the attending physician and committee. Then please remave carbanpapers. Pages

MPORTANT: If hem 21 is marked at Hem 18 shows any injury, at ather traumatic event, the medical

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the buriof-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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## FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

		REGISTRAR				CERTIF	ICATE OF DEATH		REG NO				
		CEASED NAME OR PRINT)	n.Sia		AIDOLE	Re	berts	2a DATE OF	DEATH MONT	DAY OJ/	80	26 HO	JO . N
	3 SEX	×		4 RACE		5 DATE C		6 AGE (INYE	ARS LAST BIRTHDAY)		MER ! HAR		R . 4 (R)
		Male		Negr	0	7-	9-1907		73	YRS MONI	HE DAYS	HC-UKS	MIN
1		RTHPLACE STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMO	RE CITY OR CO		DEATH		
9		ryland		US.	A	WIDOWE		Do	orches	ter			M
0	10 01	in bridge	TH		H FACILITY, GIVE STREET	DDRESS)	arse. Home	(TYPE OF WORL	OCCUPATION K FOR MOST OF WOR OOPER		126 KIND C INDUSTRY	)F BUSIN	NESS OR
6		AL RESIDENCE (IMMURS	136 COUN DO:	ITY	GIVE RESIDENCE BEFORE 131 CITY OR TOWN Camb.		13d INSIDE CITY LIMITS?	13 STREET	ADDRESS Pine	Stree	et		
Q	14 FA	THER'S NAME		VIDOLE	LAST		15. MOTHER'S MAIDEN NA	AWE	WICOTE		IAS	,	
		Josiah		27	oberts		Pricilla		-	Li	yan		
		VAS DECEASED EVER		MÉD FORCES? WAR OR DATES)	166 SOCIAL SECU	RITYNO	17 INFORMANT		ADDRESS				1
		23, 110 01 011(10111)	777	0	214-07-	-9356	Florence 0	amper	1002	Pine	st.	Cam	b, Me
	NOI	Canditians, if any, gave rise to imm cause ia statin underlying cause	which nediate g the last	DUE TO, OF	RAS ACONSEQUE	NCE OF	ue H	Velas Velas	E OR CONDITIC	DN GIVEN I	AFFROX BETWEEN	9v	ID DEATM
1	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO		IF YES, WI CERTIFYING YES			TH?
	MEDICAL CE	21a, ACCIDENT WAS UNIT OR CONTRIBUTING OF (IF EITHER NOTHEY MEDIC 21d INJURY OCCURR WHILE NOTW AT WORK NOT WI AT WORK AT WO 22a. I certify that (I) say the decesse above, (I) (we) is 27b SIGNATURY	CAUSE OF GEA AL EXAMINER) RED HILE (this haspit ed alive on, did) (did nat	P. P. PLACE ( AT HOME, STR  all attended, the view the bady	M. MONTH DAM.  DF INJURY EET, FACTORY, OFFICE, FJ  e deceased from  19	19 ARM, ETC.)	211. LOCATION STREET  211 LOCATION STREET  19 Ind that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN  222e ADDRESS	death accurre	CITY OR TOWN	O 19_nd haur and	COUNTY	that (1)	
	23a B	URIAL CREMATION.	REMOVAL	23b. DATE	1 231 N	AME OF C	EMETERY OR CREMATORY	23d LOCA	TION				

DHMH - 16 60M 1/75 (VR A 15 (4))

etained by the haspital ar

BP.

24 FUNERAL DIRECTOR

Burial

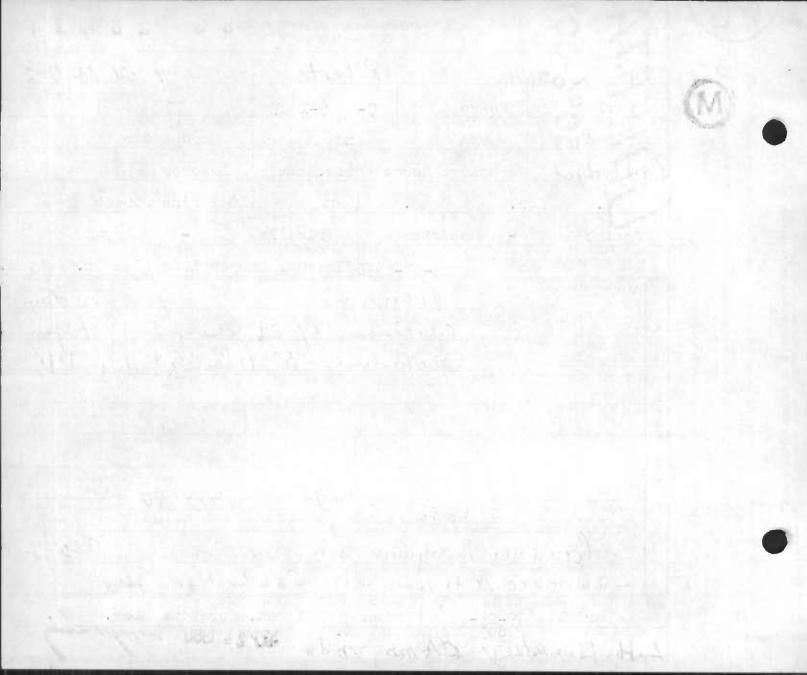
Chapel

Cordtown Cem.

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25 TA B RE OF BAIRBRELLEN STOP SECRETARISM SOURCE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

30M 7/73



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TO HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.

						STAT	E OF MARYLAND			attana	-
		1.	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HY	0 0	2	3 4	5 5
-								REG. N			
M	0		OR PRINT) Ma	rmst V L J	WIDDLE.	To	old.	2R DATE OF DEATH	9-12-	Y YEAR I	730 6m
8 44 16 1	1	3. SE:		4 RA	CF	S DATE O	OF RIRTH	4. AGE IN YEARS LAST BIR	THOAY) F	UNDER I YEAR	IF UNDER 24 HIS
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y the f	be no	10 0	TY OR TOWN OF BE	11. N	NAME OF HOSPITAL, NI	JRSING HOME ( STREET ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING LIFE)	12h KIND OF INDUSTRY	BUSINESS OR
0		tisti	AL RESIDENCE (IE NILLE	ING HOME DE OTHER	INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSIONS		KET, REZ			
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en sig	or to b	CERTIFICATION	Mos	Lector	ry C	e. B	resit.	2 1n.	go.	THE PART TO	
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ote h	giene 8 sh	E	177	8	prose	cury	Kt. Dreave	YES NO	YES		NO 🗌
Clar	Hy Hy	18	210 ACCIDENT WAS UNI		Ib. TIME OF INJURY HOUR A.M. MONTH	DAY VEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	JRY IN ITEM 18, PART	I I OR PART 2)	14. LP
hys	ntal ntal	1	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		P.M.	19					
ng pr	Me	MEDICAL	214 INJURY OCCUR	RED 2	IR PLACE OF INJURY		211 LOCATION				100
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A S	is m				manded the deceased f	om 8-	21-8010	10 9-12	19	80 1	nat M (we) last
al on TO	f He		saw the deceas		9 - 12		nd that in (my) (our) opinion	death occurred on the c	date and haur c		
Split	ter ter		abave, (1) (we) (c 22b SIGNATURE	did) (did not) viev	the body after death.		DEGREE			22c DATE S	
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A th	TNT.				M1 /400	court	PHYSICIAN	DIRECTOR PHYSE		1-1	1-00
FUNE	h the S		EVANG		E M. G1	ARCIA	ESHC.	Cambi	ridge	Ad.	21613
To of	with MP	73a F	URIAL, CREMATION,		DATE	23c NAME OF C	EMETERY OR CREMATORY	1234 LOCATION		1	
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Conditions, if any,

210 ACCIDENT WAS UNDERLYING

which

21b. TIME OF INJURY

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

- STATE REGISTRAR	DEFARIN	CERTIFICATE OF DEATH	REG NO	O =:	7 4
1 DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	AY YEAR	25 HOUR
11/04	see M.	10dd	0 /	5 80	8:30 NN
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	F NIER TEAR	R 1 HOA
female	cau.	Jan. 6, 1895	85 YRS M	ONTHS DATS	HOURS MIN
24 BRITHPLACE STOREGOESS	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH	
Western Island	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Dorchester		MD
Cambridge, md.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET: Cambridge House	ADDRESS)	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)  Trimmer	12h KIND OI INDUSTRY Cloth	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME C 130 STATE 1136 COU	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS	-11	

Md.	Dorchester	Cambridge		enburn Ave	
Robert	James	Todd	IS MOTHERS MAIDEN NAME FIRST Mary	Jane	Wroten
60 WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 212-16-7903	Mrs. Luci Grant	ADDRESS Kauffman,	Bay Country Villa Apts., Cambridge
18 CAUSE OF DEAT PART I DEATH V	IH Enter only one cause pe VAS CAUSED BY. IMMEDIATE CAUSE (a)	line for a b and c	nul hutdo	un	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  12 Less

gave rise to immediate cause a. stating the underlying couse last PART 2 OTHER SIGNIFICANT CO DISEASE OR CONDITION GIVEN IN PART 1 190 DATE OF PERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NO YES [] NO [

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a.1 certify that (1) (this hospital) arranged the deceased from saw the deceased alive an abave, (I) (we) (did) (did not) view the bady offer death. and that in (my | (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATIORE DEGREE 22C DATE SIGNED

ATTENDING STAFF

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) burial Aug. 18, 1980 Dorchester Mem. Pk. Cambridge, Dorchester, Md.

Curran Funeral Home, 308 High St., Cambridge, MAUG 20 1980 24 FUNERAL DIRECTOR

BP.

ATTENDING

the hospital FUNERAL DIRECTOR

DHMH - 16 60M 1/75 (VR A 15 (4))

njury, or other

CERTIFICATION

MEDICAL

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and Mental Hygiene

of Health

should be detached

MPORTANT If Item 21 is morked or Item 18

as the burial-transit



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distant		toni .ed = 60		

Surger Paramet Been, Joseph Sorphesen, Sea. 1. Combrese, Herebuller, St. 1880

30M 7/73

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR 2d HOUR Sept 9 BALTIMORE CITY OR COUNTY OF DEATH Darchester 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Garing Box 102 SecretaryMd Few mins. 20 AUTOPSY? YES 🗌 NO X 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Driver of autowhich overturned. rutse 16, Cambridge. Dor. and in my apinian

Md STATE

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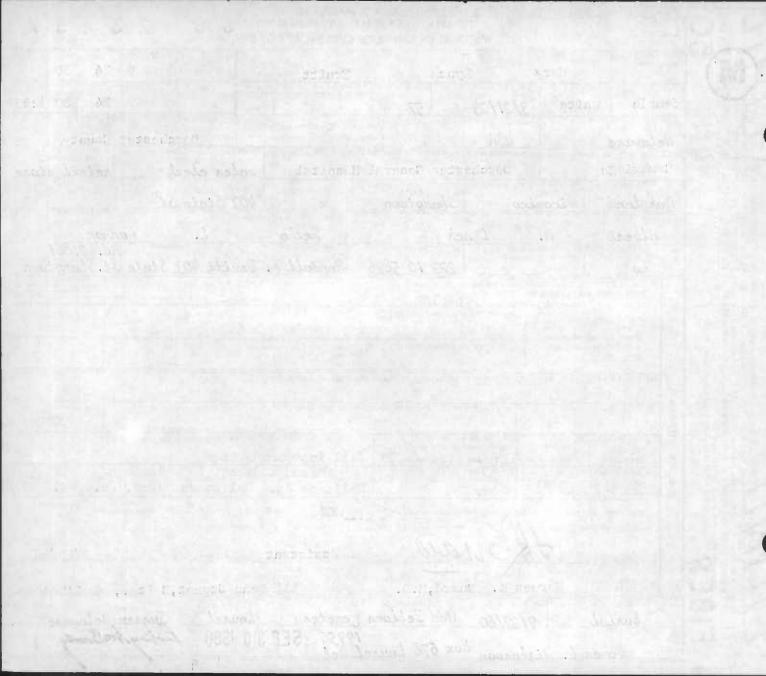
STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Items 18a-22a Film G548 10/21/80 STATE OF MARYLAND

15M 7/76



executed within 24 hours ofte

requires that the death certificate be

ITENDING PHYSICIAN The low outal or offending physician.

TO HOSPITAL

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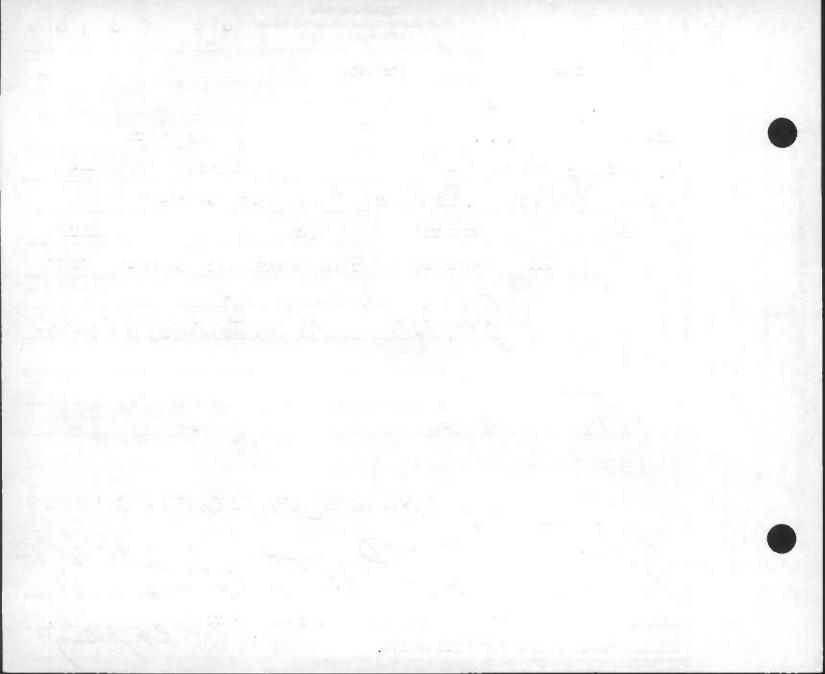
## FOR STATE TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours oftwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If hem 21 is marked at Item 18 shows any injury, or ather traumotic event, the medical examples must be habited at once.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	0	2	3	4	5	8
	REG. NO					

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10			
1	I DECEASED NAME FIRST	,	MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2h HOUR
ı	Simon			Virk	cutis		9	10	80	AM
1	3 SEX	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BE	RTHDAY	# UND	OFR I YEAR	IF UNDER 24 HRS
ı	MALE	WHIT	E	2 MONTH	26 95	85	YRS		UAYS	HOURS MIN
-	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF D	EATH	
ł	LITHUANIA	U.S.	Α.	WIDOWE		DORCHEST	ER			MD.
1		II. NAME OF I	HEACHITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST PHYSICIA		LIFE] 121	DUSTRY	F BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OR			N	136 INSIDE CITY LIMITS?	RRI Box	128-0			
	14 FATHER'S NAME FIRST SIMON	NDDLE	VIRKÜTIS	3	15 MOTHER'S MAIDENNA ROZALIA	WE			REIV	TIIS
1	160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDI	RESS			u
ı	NO -		346-26-2	2805	STELLA VIRKU	TIS RRI	Box 1	28-0		21631
1	IS CAUSE OF DEATH (Enter only	y one couse per	lyge for jai, (bi, on	d (c· )	,				APPROX	MATE INTERVAL ONSET AND DEATH
I	PART I. DEATH WAS CAUSE	E CAUSE (a)	4den1	> CA	rcinoma	nx.				
ı	101	CAUSE TOTAL	7-3-1-1							
ı	100-	DUE TO, O	R AS A CONSEGUE	ENCEPOF	1. 16 4	no trot	10		10	1000
I	Conditions, if any, which gove rise to immediate	(b)//	10019	1/ <-	14//	116/92/	use		(/	COP
١	couse (a), stating the	DUE TO O	R AS A CONSEQUE	ENCE OF						
ı	underlying cause last	( (6)								
1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	VDITION (	SIVEN IN	PART In	D'
I	NO -									
1	190 DATE OF OPERATION 191 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				NGS USED OF DEATH?
1	1979	1	DUVE			YES NO		YES [	CAUSES	NO [
i	210. ACCIDENT WAS UNDERLYING	211 TIME O			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 1	8, PART 1 O	RPART 2)	
١	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A		AY YEAR						
ı	OF EITHER, NOTHY MEDICAL EXAMINER)	21e PLACE	OF INJURY		21f LOCATION					
ı	WHILE NOT WHILE AT WORK	(AT HOME, STE	RFET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TO	)WN	co	YIMU	STATE
ı	220.1 certify that (1) (this haspit	al) ettended th	e decensed from	201	NP 10 79	1 10580	1	120	30	that (I)-(we) last
1	saw the deceased plive on.	201	19-8	U or	nd that in (my) (vor) opinion	death occurred on the	date and h	nour and		
ı	obove, (I) (we) (did) (aid not 22b SIGNATURE	view the body	after death.		DEGREE				2c. DATE	
1	12.22	Les A	1.11	M	ATTENDING	MEDICAL ST	AFF		1/7	Conto
4	recognit o	never	6000		PHYSICIAN D	DIRECTOR   PHYS	ICIAN .	Y	0	16/11 00
	224 PHYSICIAN'S NAME (TYPE OF	BU	1 rde to	1c	Cam 6	ridge.	nie	7	21	613
	230. BURIAL, CREMATION, REMOVAL	236 DATE	23c P	NAME OF C	EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN		COUNT	TV.	STATE
	BURIAL	9/12	/80 L	OUDON	PARK CEMETERY	MAY A DECEMBER NAME OF STREET	RE _	0 2.00		MD.
	24 FUNERAL DIRECTOR		ADDette		A 200 H	E REC'D, BY REGISTRA	125h.	STRARS	MU	BHE
	HUBBARD FUNERAL H	OME 410	7 WILKEN:	S AVE.	SE	P 1 3 1980	1	7	-	7

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	OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4, re-hospital or attending physician.	DIDECTOR After the cartificate has been closed by the attending absence and completels filled in the transfer
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		FOR	D.F.		TE OF MARYLAND	0 0 0 0 0					
	1.	STATE REGISTRAR	DE		FICATE OF DEATH	REG. NO					
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HO					
			Elizabe th		.son	9 17 80, 12					
	3 SE		4 RACE	S. DATE	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER					
	7- 0	RTHPLACE (STATE OR FOREIGN	/Vegro	72	- 7- 1903	YRS.					
15		OUNTRY)	76 CITIZEN OF WHAT COU	MARR	ED NEVER MARRIED						
4	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOW		Dorchester 12a USUAL OCCUPATION 12b KIND OF BUSI					
3	Ce	mbridge	Dorchester	E STREET ADDRESS)	al Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Laborer					
25	USU 13a	AL RESIDENCE (IF NURSING HOME OF	NTY 130 CITY O	RIOWN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS					
	14 E/	THER'S NAME	or. Car	nb.,	YES NO 1	600 Chesapeake Ct.					
91		ewis	H. Bayne	ST	FIRST	MIDDLE					
13		AS DECEASED EVER IN U.S. AR		L SECURITY NO.	Sarah	E. Cronwell					
			TAMAR OR DATECT	26-301		Jones High St. Camb					
G	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse io stating the underlying cause lost  PART 2 OTHER SIGNIFICANT ( 190 DATE OF OPERATION	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  196 CONDITION FOR V	IG TO DEATH BU		200. AUTOPSY? 200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA					
	RTIE	AL ACCIDENTANCE INTOFPRIMED F	The state of the High		Tal How himsey occurs	YES NO YES NO					
1	t .	2 to a coldent was underlying or contributing cause of dea (if either, notify medical examiner)	HOUR A.M. MONT	H DAY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					
	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TOWN COUNTY S					
		22a.1 certify that (I) (this haspi		from	. 19	to that (I) (					
	10		t view the body ofter death	_19		deoth occurred on the dote and hour and from the causes st					
		22b SIGNATURE	0000		DEGREE ATTENDING	MEDICAL STAFF					
	Š	Ill	lle	22	PHYSICIAN [	DIRECTOR PHYSICIAN (					
		22d. PHYSICIAN'S NAME (TYPE O	IR PRINT)	e Q	PHYSICIAN [	DIRECTOR   PHYSICIAN & 91710					
1	23a E	Ill	ILCE		PHYSICIAN [	DIRECTOR PHYSICIAN D					

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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY	execute the certificate, writing the word "pending" in Pencil in Item 18, give pages 1, 2, and 3, to ti	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAC	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FIL	after death, with the state department of health and mental hygiene, division of vital records, 30	RAITIMOPE MARYIAND 1201 POLOG TO TO BEAUTIMON OF BEAUTIMON

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		FOR STATE		[	PEPARTME	NT OF HEA	TH AND M	<b>NENTAL H</b>	YGIENE	11	9	7	6 0
		REGISTRAR		MEI	DICALEX	(AMINER'	CERTIFI	CATEO	F DEAT	H	EG. NO.	0 4	0 0
2		CEASED NAM	E FIRST		WIDDLE		LAST		20		WN MON	NTH DAY YE	AR IZE HOUR
JRS ET,	(TYP	E OR PRINT)	Dryden	Solo	omon	Wo	odlan	d		OF EST DEATH MAT			80 PM
HOUL	3 SE)		4 RACE	5. DATE OF BIRTH	YEAR	AGE (IN YEARS II	UNDER 1 YR			DATE	THOM	TH DAY Y	EAR 2d HOUR
N 22 N	1	male	white			70 YRS.	UNIHS! DAYS	HOURS	MIN PRO	DEAD	Sent	. 12,19	80 3:5.
FCESSA INERAL FOR YOU WITHIN 72 /PRESTON	7a BI	RTHPLACE (5 REIGN COUNTRY) Md.	TATE OR	U.S.A.  8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COL							н Р		
X S S S S S S S S S S S S S S S S S S S	10 CI	TY OR TOWN	OF DEATH	11 NAME OF HOS							N (TYPE OF WOL		F BUSINESS
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DEATH SES 1. M PM AND 2 SF-VITA	14.17	James		MIDDLE	WOOD	aland		FIRST CA	N NAME	MIDDLE		Foxw	ell
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AND THE AND	E.,	death result	ed fram: Natur	al causes X	Accident	, Suicide	Hami	icide .	Undetermi	ined manner			
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